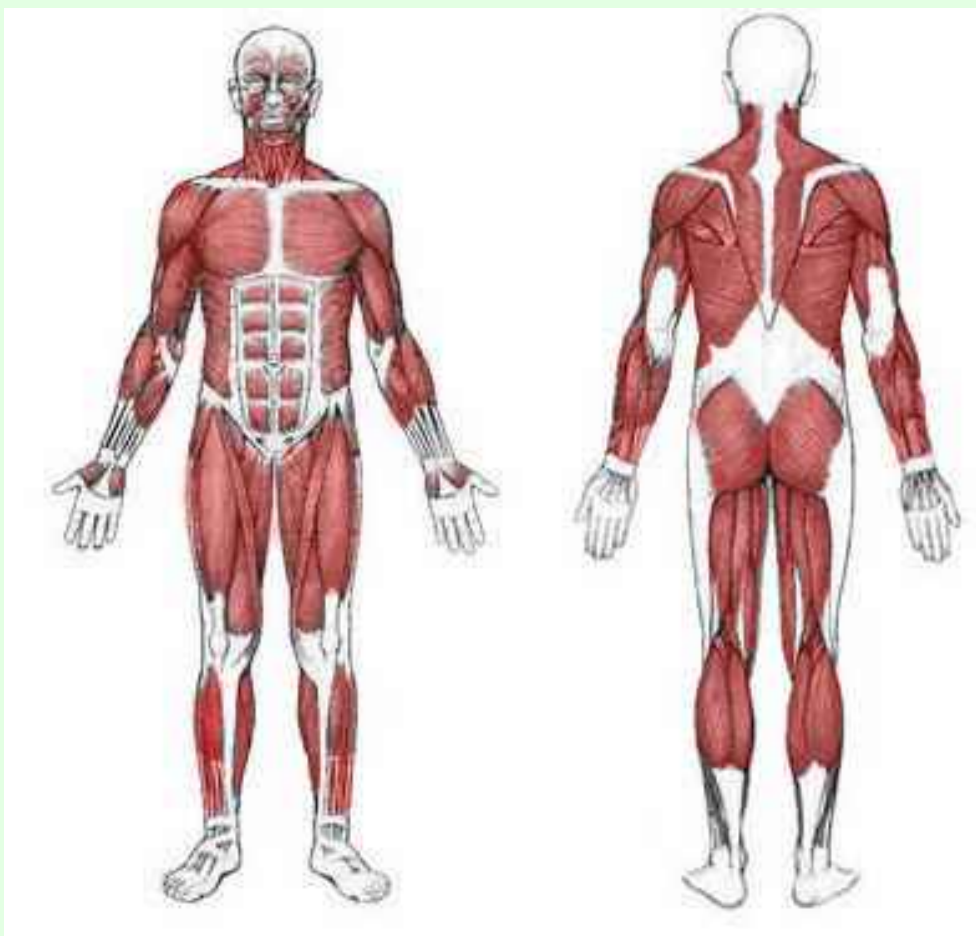




**Subjective Assessment - to be completed by the therapist**

**Body Chart**

Please indicate the area of pain or injury



**Injury History and Symptoms**

a) Have you suffered any previous injuries?

Yes

No

If yes please detail:

b) How did your current injury occur?

Sudden onset

gradual onset

Further details:

c) Do you feel pain or discomfort with your current injury? Yes No  
If yes, is this: Constant Intermittent

d) On a scale of 1-10 how would you rate the severity of your pain:

On Average: At worst:

e) Are you taking any pain reliving medication? Yes No

If yes, please state type and frequency:

f) Is your pain worse:

Morning Afternoon Night No difference

g) What relieves your pain? (i.e. activities, positions, rest, medication etc)

h) What makes your pain worse? (i.e. activities, positions, rest etc)

i) Do you feel any other sensations? (i.e. locking, creaking, giving way etc)

j) Have you felt pins and needles or numbness at all? Yes No

k) Have you had any previous treatment for this injury? Yes No

Please outline:

l) Any further information?

## **Objective Assessment**

Observations (posture, swelling, bruising, deformity etc)

Palpation (temperature, feel, tension, pain etc)

Active range of motion (AROM)

Note degrees of movement at associated joints and above/below injury site. Compare to contralateral side  
Note any pain

Passive range of motion (PROM)

Note degrees of motion for same movements as above. Compare to contralateral side. Note any pain.

Resisted muscle tests (RMT)

Compare strength of involved muscles to contralateral side. Note any pain.

Special tests

Note the results of any special tests or other assessments here.